FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORM 1 ORGANIZATION (See instructions)				Office use only		
NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typying, type over the lines	12FE4M5			
OCPAC							
		шшш					
ADDRESS (number and	street) 976 F	acific Avenue					
(Check if addr is changed)	ess Willo	ws			95988   9788		
001444775505.444	W 4000500		CITY▲	STATE▲	ZIP CODE 📥		
COMMITTEE'S E-MA kellylawler@sl					1		
COMMITTEE'S WEB	PAGE ADDRESS (UI	RL)					
COMMITTEE'S FAX N	NUMBER						
ــا لـــا		J					
2. DATE 0.1		2 0 0 7 Y					
3. FEC IDENTIFICA	ATION NUMBER	C	C00424358	•			
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A	)			
I certify that I have exami	ined this Statement and	to the best of my know	vledge and belief it is true, corre	ect and complete			
Type or Print Name of	Treasurer K	elly Lawler					
Signature of Treasurer	. Electronically Filed	d by <b>Kelly Lawl</b> e	er	Date 0 1	/ D D / Y Y Y Y Y Y Y Y		
NOTE: Submission of fa			subject the person signing this				
Office Use Only			For further informar Federal Election Con Toll Free 800-424-95 Local 202-694-1100	nmission 530	FEC FORM 1 (Revised 02/2003)		

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5.	TYPE OF COMMITTEE (Check One)							
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the	ne candidate						
	information below.)							
Name of Candidate								
	Candidate Office Party Affiliation Sought: House Senate President	State District						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate							
	(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	(e) This committee is a separate segregated fund							
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	d fund or party						
6.	Name of Any Connected Organization or Affiliated Committee							
ı	None	<b>.</b>						
<u> </u>								
	Mailing Address							
	CITY & STATE &	ZIP CODE A						
CITY▲ STATE▲ ZIF								
	Relationship							
Type of Connected Organization:								
	Corporation Corporation w/o Capital Stock Labor Organi	zation						
	Membership Organization Trade Association Cooperative							

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Write or Type Committe	e Name							
OCPAC								
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	Kelly Lawler							
Mailing Address	PC	) Box 984						
	Wi	llows	CA	95988 _ 0984				
Title or Position ▼		CITY A	STATE	ZIP CODE A				
Tre	easurer		Telephone number 530	934 5823				
Full Name of Treasurer  Mailing Address	Kelly Lawler PC	) Box 984						
	Wi	llows						
				95988 _ 0984				
Title or Position ♥		CITY A	STATE▲	95988 _ 0984 ZIP CODE ▲				
·	easurer		STATE A  Telephone number 530					
·	easurer		530	ZIP CODE A				
Tree Full Name of Designated	easurer		530	ZIP CODE A				
Full Name of Designated Agent	easurer		530	ZIP CODE A				

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).	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.							
	Name of Bank, Depository, etc.							
	Wells F	: argo 						
	Mailing Address	4850 Barranca Parkway						
		Irvine CA 92604	4 _ 1702					

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷